

Massachusetts Firefighter Service Award

Nomination Form

(Please print or type)

Name of Fire Department _____

Head of Fire Department _____

Name of Nominee _____
Rank First Name Middle Initial Last Name

Nominated for: (check one)

☐ Massachusetts Call Firefighter Service Award

☐ Massachusetts Career Firefighter Service Award

☐ Massachusetts Volunteer Firefighter Service Award

Total Years of Service _____ years

Note: Years of Service must be 20 years or more, calculated in five-year increments and be based upon completion by December 31, 2000.

I, _____ as head of the _____

Fire Department hereby certify that the above named individual is a member in good standing and is qualified by virtue of length of service as provided for in the Massachusetts Firefighter Service Award Criteria.

Date

Signature

* Please photocopy this blank form and use one form for each nominee.